Indiana State Police Clandestine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	10/11/2014	Street:	821 E. 29 th St.	
Incident #:	14ISPC008830	Apt, Lot, Room #: 5		
County:	Delaware	City:	Muncie, IN 47302	
Type of Laboratory Seizure (check one) Sei		Seizure Location	izure Location (check all that apply)	
☑ Lab Seizure☐ Chemical Seizure☐ Equipment Seizure☐ Dumpsite Seizure		Residence Outbuilding Vehicle Other:	Business	
Apt., hotel, multi-family dwelling: Shared HVAC: Yes No Unknown				
<u>Items Found: Location</u> (bedroom, kitchen, open air, etc) (check all that apply)				
☐ One Pot or Birch Reaction(s): Red Phosphorous/Iodine Reaction(s): Hydrochloric Acid Gas Generator(s): ☐ Flammable Solvents: Living Area ☐ Water Reactive Metal (Lithium):		☐ Corros☐ Ammo	 ☐ Anhydrous Ammonia: ☐ Corrosive Acid: Bathroom ☐ Corrosive Base: Living Area ☐ Ammonium Nitrate/Sulfate: ☐ Other (item and location): 	
Child under age 18 discovered (check appropriate)				
☐ Yes ☑ No	(number present) not present but evidence they reside	uncle Estimated occurring	nditions of home: clean disarray an I length of time manufacturing had been : <u>Unknown</u> Il Information: <u>Fire</u>	
Vehicle, Travel Trailer, RV or Watercraft Information:				
Owner: VIN: Year:		Make: Model: Color:		
This report has been faxed* or emailed to the following agencies that serve the location:				
Fire Department: Muncie Fax: Health Department County: Delaware Fax: Department of Child Services Hotline: dcshotlinereports@dcs.in.gov Fax: 317-234-7595 or 317-234-7596				
For further information regarding this methamphetamine laboratory, contact Investigating Officer: <u>Senior Trooper Kyle K. West</u> Phone <u>(765) 778-2121</u>				

*This form is to be faxed to the Fire Department, Health Department and/or Department of Child Services listed within 24 hours of scene processing.